



DAC 1/FCW

 TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|  |                    |
|--|--------------------|
| Application Number                       | 10/798,717         |
| Filing Date                              | March 10, 2004     |
| First Named Inventor                     | MATLOCK, GEORGE L. |
| Art Unit                                 | 3736               |
| Examiner Name                            | Unassigned         |
| Total Number of Pages in This Submission | 5                  |
| Attorney Docket Number                   | 017761-002620US    |

2004 DEC 16 PM 3:57

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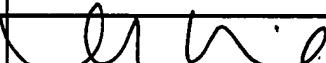
DEC 22 2004

## ENCLOSURES (Check all that apply)

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Postcard<br>Correction of Error in Small Entity Status and Payment of Deficiency Owed Under 37 CFR §1.28(c) and MPEP 509.03(x) |
|   |  | Remarks<br>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |

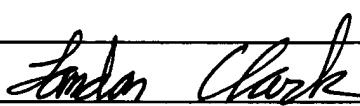
OFFICE OF PETITIONS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Nena Bains  |          |        |
| Date         | 12/9/04   | Reg. No. | 47,400 |

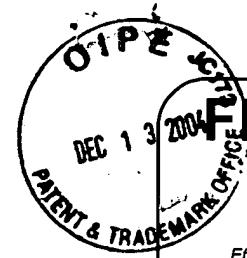
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|            |   |         |
|------------|---|---------|
| Signature  |  |         |
| 12/21/2004 | Typed or printed name   | Date    |
|            | Landon Clark  | 12-9-04 |

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60371639 v1



# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 470)

| Complete if Known    |                    |
|----------------------|--------------------|
| Application Number   | 10/798,717         |
| Filing Date          | March 10, 2004     |
| First Named Inventor | MATLOCK, GEORGE L. |
| Examiner Name        | Unassigned         |
| Art Unit             | 3736               |
| Attorney Docket No.  | 017761-002620US    |

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**OFFICE OF PETITIONS**

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number: 20-1430

Deposit Account Name: Townsend and Townsend and Crew LLP

**The Director is authorized to: (check all that apply)**

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEES CALCULATION**

**1. BASIC FILING FEE**

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description        | Fee Paid |
|--------------|--------------|---------------|---------------|------------------------|----------|
| 1001         | 790          | 2001          | 395           | Utility filing fee     |          |
| 1002         | 350          | 2002          | 175           | Design filing fee      |          |
| 1003         | 550          | 2003          | 275           | Plant filing fee       |          |
| 1004         | 790          | 2004          | 395           | Reissue filing fee     |          |
| 1005         | 160          | 2005          | 80            | Provisional filing fee |          |

**SUBTOTAL (1)**

(\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

|                    |  | Extra Claims | Fee from below | Fee Paid |
|--------------------|--|--------------|----------------|----------|
| Total Claims       |  |              |                |          |
| Independent Claims |  |              |                |          |
| Multiple Dependent |  |              |                |          |

**Large Entity** **Small Entity**

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|-----------------|
| 1202          | 18            | 2202 9          |
| 1201          | 88            | 2201 44         |
| 1203          | 300           | 2203 150        |
| 1204          | 88            | 2204 44         |
| 1205          | 18            | 2205 9          |

**SUBTOTAL (2)**

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

| 3. ADDITIONAL FEES   |              |          |          |  |          |
|--|--------------|----------|----------|--|----------|
| Large Entity   | Small Entity | Fee Code | Fee (\$) | Fee Description  | Fee Paid |
| 1051   | 130          | 2051     | 65       | Surcharge - late filing fee or oath  |          |
| 1052   | 50           | 2052     | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053   | 130          | 1053     | 130      | Non-English specification  |          |
| 1812   | 2,520        | 1812     | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |
| 1804   | 920*         | 1804     | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805   | 1,840*       | 1805     | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251   | 110          | 2251     | 55       | Extension for reply within first month                                     |          |
| 1252   | 430          | 2252     | 215      | Extension for reply within second month                                    |          |
| 1253   | 980          | 2253     | 490      | Extension for reply within third month                                     |          |
| 1254   | 1,530        | 2254     | 765      | Extension for reply within fourth month                                    |          |
| 1255   | 2,080        | 2255     | 1,040    | Extension for reply within fifth month                                     |          |
| 1401   | 340          | 2401     | 170      | Notice of Appeal   |          |
| 1402   | 340          | 2402     | 170      | Filing a brief in support of an appeal                                     |          |
| 1403   | 300          | 2403     | 150      | Request for oral hearing   |          |
| 1451   | 1,510        | 1451     | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452   | 110          | 2452     | 55       | Petition to revive - unavoidable   |          |
| 1453   | 1,330        | 2453     | 665      | Petition to revive - unintentional   |          |
| 1501   | 1,370        | 2501     | 685      | Utility issue fee (or reissue)   |          |
| 1502   | 490          | 2502     | 245      | Design issue fee   |          |
| 1503   | 660          | 2503     | 330      | Plant issue fee  |          |
| 1460   | 130          | 1460     | 130      | Petitions to the Commissioner  |          |
| 1807   | 50           | 1807     | 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 1806   | 180          | 1806     | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021   | 40           | 8021     | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809   | 790          | 2809     | 395      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 1810   | 790          | 2810     | 395      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 1801   | 790          | 2801     | 395      | Request for Continued Examination (RCE)                                    |          |
| 1802   | 900          | 1802     | 900      | Request for expedited examination of a design application                  |          |
| Other fee (specify) <u>Correction of Error in Small Entity Status and Payment of Deficiency Owed Under 37 CFR § 1.28(c) and MPEP 509.03(x)</u> |              |          |          |  |          |
| 470  |              |          |          |  |          |
| *Reduced by Basic Filing Fee Paid  |              |          |          |  |          |
| <b>SUBTOTAL (3)</b> (\$470)  |              |          |          |  |          |

**SUBMITTED BY**

Complete (if applicable)

|                   |            |                                   |        |           |              |
|-------------------|------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Nena Bains | Registration No. (Attorney/Agent) | 47,400 | Telephone | 415-576-0200 |
| Signature         |            |                                   |        |           | Date         |
| 12/9/04           |            |                                   |        |           |              |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.